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COVER LETTER

Division of Corporations	•
NAME OF CORPORATION: R. B. B.	Pail Disc INC.
DOCUMENT NUMBER: 72008	00 227 (0
The enclosed Articles of Amendment and fee are sub-	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Joseph	n MGrath
Rob Es	Name of Contact Person Of Disc. (MC.) Firm/ Company
	Firm/ Company
602 5	Leviciona Ave. Address
New Port	T Richer Fl. 34653 City/ State and Zip Code
	Sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Li McGroth	at (<u>723</u>) <u>8/8-7/93-5</u> Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee Secretificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

Rob Rail Disc in	√ c.	
(Name of Corporation as currently filed with the Flori		
7270000 227	10	
(Document Number of Corporation (if know		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:	ration adopts the following amend	iment(s) to
A. If amending name, enter the new name of the corporation:		
	7he	21./34/
name must be distinguishable and contain the word "corporation," "company," or "incorp "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corpor "chartered," "professional association," or the abbreviation "P.A."	orated" or the abbreviation "Cor	p., ''
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	· . 2	_
•		_
_ 	<u> </u>	
C. Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	—————————————————————————————————————	- FF;
	AM II	
	0: 2 0: 2	-
	<u> </u>	_
D. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:	r the name of the	
Name of New Registered Agent	_ _	
(Florida street address)		
New Registered Office Address:	, Florida	
/Citys	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the oldered agent.	bligations of the position.	
Signature of New Registered Agent, if ch	nanging	
•		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name Address	
1) X Change	P Joseph M Myralt 6025 Louisia	'N 9 AU
Add	New Port Kich	ecf Fl
Remove	34653	>
2) Change		
Add	•	
Remove Change		
Add		
Remove		
4) Change		
Add		
Remove		
51 Change		
Add		
Remove		
6) Change		
Add		
Remove		

	eets, if necessary).	(Be specific)				
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<u>r an amenoment p</u> provision: for imp	dementing the ame	ndment if not cont	nined in the ame	ndment itself:	31	
Cit not apolical	ble, indicate N/A)	irginent ii not cont	anned in the disc	TATION TO SELECT		
(iy Al-A tipparitan	10, 11111111111					
			 			

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The date of each amendment(s) as	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file	datej
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were addaction was not required.	pted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for th fficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The follower was a group entitled to vote separately on the amen	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selecté	recur. president or other officer - if directors or officers led by an incorporator - if in the hands of a receiver, trusted ed fiduciary by that fiduciary) Joseph Margon Mar	nave not been or other court CCrA > L
	(Typed or printed name of person signing)	
	President	<u>/</u>
	(Title of person signing)	